

1	1	02495	DIVISION			EPARTMENT (ESTON STREET, E		TH E, MARYLAND 21201		
M		Item 23d Fi				TE OF DEAT			02481	
de d		ECEASED-NAME (ype ar print)	First LEO	Middle	cu	lost IRRAN	2a, 1	DATE OF DEATH Month 2 Doy	16 Yeor 68	26. HOUR 9:25M
5	3. 5	x Male	4. RACE	White	5	DATE OF BIRTH 8-20-	95	6. AGE (In years last birthday) YRS.		JNOER 24 HRS. URS MIN
cremation, or removol, and in ony event, within 72 hours	cour	BIRTHPLACE (Stote or foreign try)	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED []	9. CO U	NTY OF DEATH Cecil		Md.
13	10.	erry Point		11. NAME OF HOSPITAL OR give street oddress) Veterans Ac	INSTITUTION (If not	duri	ng mast af v	JPATION (Kind of work done working life, even if retired.) nce Adjuster	12b. KIND OF BUSI INDUSTRY	NESS OR
, wem,		USUAL RESIDENCE (Where of ission) STATE Penna	13b. COU		/	own 13d INSIDI	CITY LIMITS?	13e. STREET AND NUMBER 3642 Chestr	nut Stree	t
3	14.	FATHER'S NAME First John		ddle Lost Currai		MOTHER'S MAIDEN NA	Mary	Middle	Corrig	gan
	160	WAS DECEASED EVER IN U. (es, no, or unknown) Yes	5. ARMED FORCES? is give war or dates of sen WW I	ricel		ORMANT Hospital	, Per	Address ry Point, Md.		
J	1	18. CAUSE OF DEATH (En PART I. DEATH WAS IN LANGE OF CONDITIONS, if ony, which	AUSED BY: IMEDIATE CAUSE (o) DUE TO	per line for (a), (b), and (Bronchial), OR AS A CONSEQUENCE (Pneumon	ia			APPROXIMATE I BETWEEN OWSET A	NTERVAL AND DEATH
Durial,		rise to immediate cause stating the underlying c last.	ause (a),	, OR AS A CONSEQUENCE O		THE TERMINAL DISEAS	E OR CONDITIO	ON GIVEN IN PART 1(0)		
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES N	0 K	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIF	YING
. 2	MEDICAL CER	21g. ACCIDENT WAS UNDI ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical o	OF DEATH HOUR	P.M.	or 19			of injury in Port 1 or Part 2,	Item 18.)	
	ME	21d. INJURY OCCURRED While Not while of work at wark	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				City or Town	County	State
		causes stoted o	edcadoreconx.X) attended the decect xxxxxxxxx (did) (did not) view th	XXXX ond	thot in (mv) (our	19 <u>67</u> ,) opinion o	to Feb. 16, 19 death occurred on the do	te ond hour ond	from the
		22b. SIGNATURE	Rothfel		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED -16-68	
should be filed with the	00	NAME (Type) Be	n Rothfe		or conficence on c	VA Hos		, Perry Poin		Para - 1
	ba	BURIAL, (REMATION, REMOVAL (Specify)	23b. DATE 2-16-68	old d	of CEMETERY OR C	Cemetery		LOCATION (City or Town) Philadelphia, STRAR 2Sb. REGISTRAR'S	Pa.	State)
15 (4) V. 1/68	24.	FUNRAL DIRECTOR Pat	texson &	Jon 4037	Phila 4	3,Pa. DATE	EB 2		rles Judg	C- :

The second second of the second secon The Bearing And the first programme and the state of the prove process at a finished all and a great plateness of the beauty and ---- MARYLAND STATE DEPARTMENT OF HEALTH

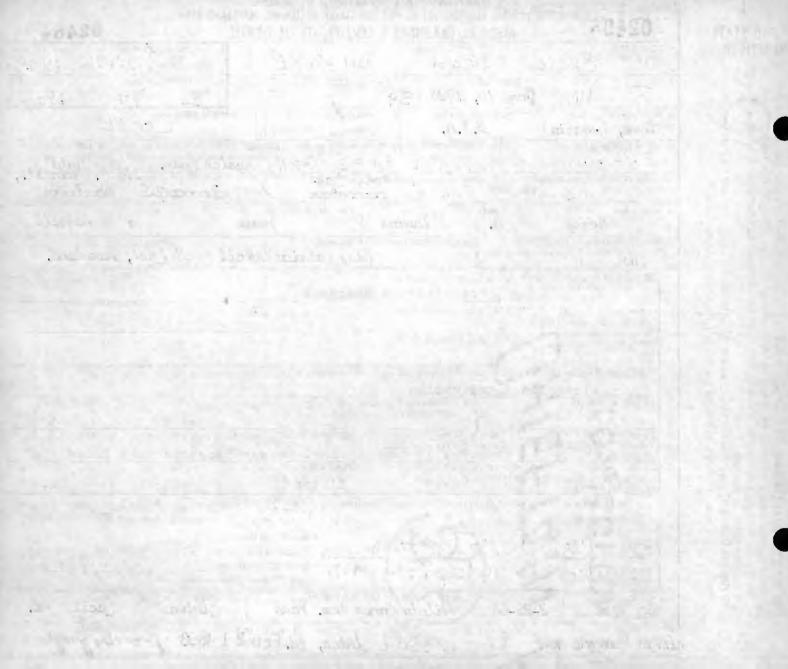
NEW V			02496
	14 .66	I. Molle	TOTEL.
	E. C., T. D.	లవావే	321131
	الم عليد	610	92381261
J. C	oliano Liito	0200	L chi
	# 0010E1511.0	Cauch	
	Total of a leval	mi	AL .D 7422
. 3 t g = 00	Leid . Leic Crancit	The second second	i.

	1	02497 DIVIS	ION OF VITAL RECORDS,	O STATE DEPARTM		ADVIAND 21201	
		7,5 4,0 10		ERTIFICATE OF		AKILAND 21201	02483
death.		CEASED-NAME First ype or print) John	Middle	last D TET Z	2a. DATE	OF DEATH Month Doy February	2b. HOUR
the for	3. S	Male	White	S. DATE OF BI	RTH 28 91	6. AGE (In years last birtheay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
n 24 haur mee in by pape 2. P	con	altimore County	U.S.A.	_	RIED 9. COUNTY C	of DEATH ecil	٨
within 24 within 24 within 23		ITY OR TOWN OF DEATH Perry Point, Md.		oital	120. USUAL OCCUPATION during most of worker Brick L	N (Kind of work done in life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
complete	13a. odm	USUAL RESIDENCE (Where deceased lived, ssion) STATE 13b. Mary Land	if institution: Residence before COUNTY	13c. CITY OR TOWN Baltimore		STREET AND NUMBER 3424 McSh	ane Way
th certificote be exering physician and confine please remote remote and in any		ATHER'S NAME First John Dietz	Middle Last		Alden name First Bernadine Bo	Middle clage	last
rtificote shysicia n plear	160	WAS DECEASED EVER IN U.S. ARMED FORCES, na, or unknown) Yes WW I		770 77	ital Records	- Perry Po:	int, Maryland
that the deoran. by the attenciansit permit		Canditions, if any, which gave	8	Pneumo	onia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspitol or oftending physician of FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detoched for use os the buriol-t should be filed with the State Dept. of Health prior to buriol, or	CERTIFICATION		N FOR WHICH OPERATION WAS PER	FORMED 20a. AUTO YES	PSY? 20b. CAUS	IF YES, WERE FINDINGS CO ES OF DEATH?	
JING PHYSICIAN. by the haspirol of ther this certificate be detoched for State Dept. of Hec	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	D. TIME OF INJURY JUR A.M. Month Doy Yeor P.M. 19 INJURY (AT HOME, FARM, STREET, FACTI		URRED (Enter nature of in	jury in Part I ar Part 2, It	Caunty State
HOSPITAL OR ATTENDING PHYSICIAN ge 4 may be retained by the haspitol of FUNERAL DIRECTOR: After this certifical rector, page 3 should be detoched for nould be filed with the State Dept. of Health			22a. I certify that:(1) (this hospi >>>saw>the>cdexeaser: alive or causes stated abave, (1) (w	tol) attended the decease xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	d fram 11-22-6 b, and that in (mady after death.	(, 19, toi y) (our) opinion death	accurred on the dat
HOSPITAL OR ATTEND age 4 may be retained FUNERAL DIRECTOR: A frector, page 3 should hould be filed with the 9		22d. PHYSICIAN'S NAME (Type)	Newman	DEGREE ATTENDIN PHYS.	DIRECTOR L	STAFF E	ate signed 2-24-68
Page 4 m O FUNER, director, should b	23a.	BURIAL, CREMATION, REMOVAL (Specify) 2/27/6		emetery or crematory Lmore Nations		- Perry Poli NON (City or Town) timore, Md.	(County) (State)
VR A15 (4) 30M REV. 1/68	_	FUNERAL DIRECTOR July 100 UNITAL HOLDER FUNERAL HOLDER	week ADDRESS	14.11 A	250. REC'D BY REGISTRAR DATE FEB 27	1968 REGISTRES	SIGNATURE

6.83451				20220
TOTAL ELECTRIC	172.1			
	2.4		No. Ex	1,0
.2061				, and 10 50 miles
The Late of the Control of the Contr		when a		(a) 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
				Age Spirit
end Time and the second second				D_ 144
	44 TO 1	And the		
2.3	19.32		La rappy 3 246	2
9-12-2 W - 1-1-1-1				
atigus (allos gress d'ad).		. M. 12		P 497
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

PONDA

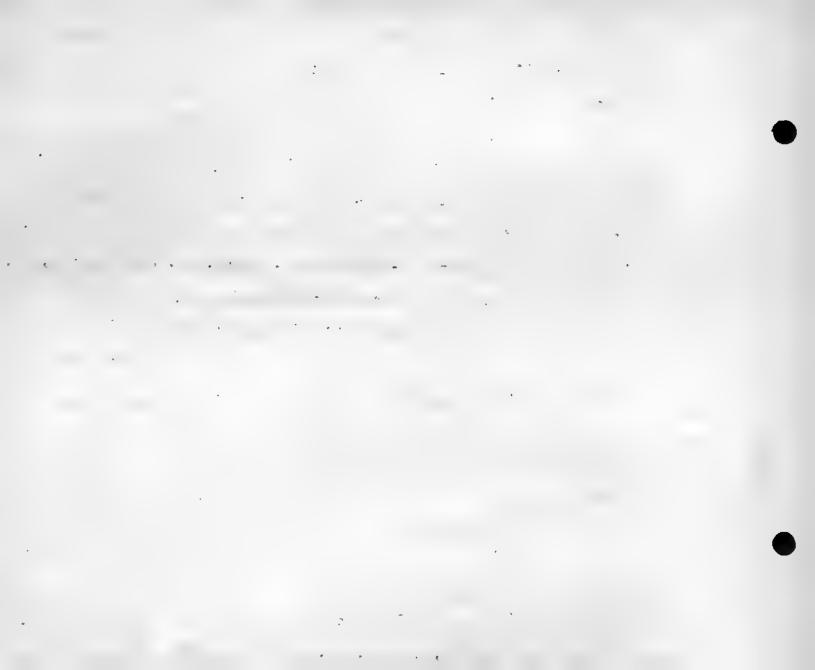
	Tt.	18-222 Film 308 MARTLAND STATE DEPARTMENT OF HEALTH					
FOR STATE			02484				
EALTH DEPT.		ECEASED-NAME First Middle Du Valle 20. DATE KNOWN Month E Type or Print) E1-cie Dean Du Valle DEATH MATED 21	7 1968 12 ³ 2 N				
3. Poge	3. S		Yeor 19 68 / 15 N				
1 8	70.	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MINEVER MARRIED 9. COUNTY OF DEATH CECIE)				
with Toger	-	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 1)	2b. KIND OF BUSINESS OR IDUSTRA				
± 4		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 17 457 17 Wast 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 10	oxtoox				
r's Office olon r's Office olon ss lond 2 with rs ofter deoth	14. F	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Susie	Russell				
ncil nine page hou		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. Niss Patrica Duvall North East, Me	aryland.				
nding" in pencil Medical Examine permit. File pag of within 72 hou		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Barbiturate overdose	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
be executed "pending" in ite Medical E unsit permit. F event within		00 DUE TO, OR AS A CONSEQUENCE OF					
a the Chief is buriol-transit		Conditions, if ony, which gove rise to immediate cause (a). { DUE TO, OR AS A CONSEQUENCE OF					
writing the w rwarded ta th		lost. (c) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)					
writing rwarded sed os c noval, ar	2	87/6 Alcoholic intoxication					
for u	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO				
ld b	MEDICAL CER	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING AMERICAN Feb. 10 or CAUSE OF DEATH 216. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING AMERICAN Feb. 10 or CAUSE OF DEATH 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item Unkp.m. Feb. 17 19 68 Unk. was deceased when f					
your files. Page 3 should, cremation,	MED	21d. INJURY OCCURRED AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) AT WORK AT WORK AT WO	County Stote				
0, ~~		22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection 🔲, Inquiry 🔲,	and in my apinian				
director director stained DIRECTI		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner					
ry, perol be ra RAL prio		ACTUAL SIGNATURE ALBERTA , Z Z Z M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SH	I8.68				
the funeral 5 may be of FUNERAL Health pri	22-	NAME (Type) Wehner 12. Spitz, address(Street, city, town, or county)	(6.1)				
5 ± 2 0 ±		Burial 2-22-68 Gilpin Manor Mem. Park Elkton	county) (Sigle)				
VR A15ME (5) 9	1P	FUNERAL HOME North De Elkton, Monte EB 2 1 1968 256. REGISTRAR'S SIGNERAL HOME					



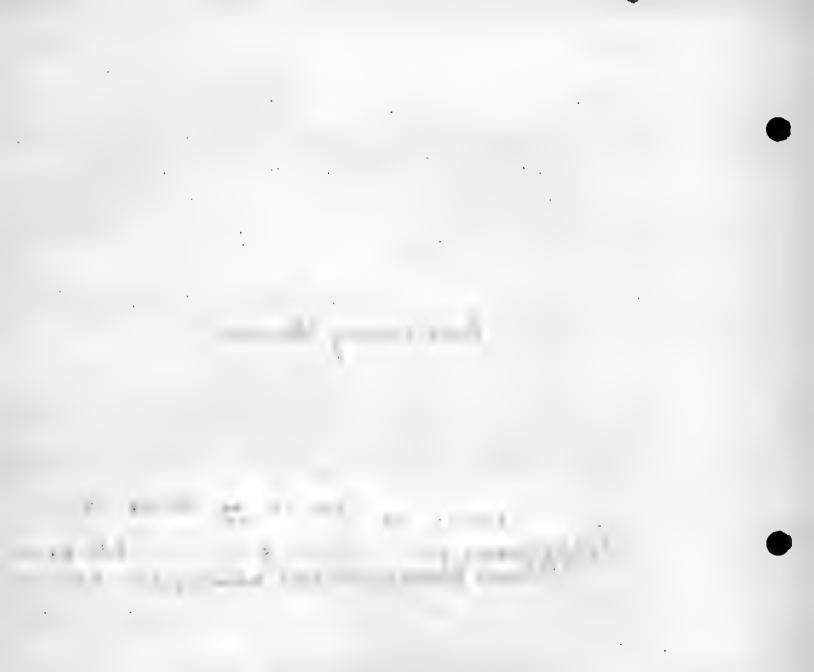
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02499 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12285 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b COUNTY TOWN (It outside corporate mits. proporate imits, write RURAL and a ve negrest town? OF HOSP TAL OR INSTITUT ON (It not in hospital, give street address) ON A FARM? YES AND NO NAME OF M dale DATE Month DECEASED OF with the (Type or print) DEATH the Chief Medical Examiner's Office along AGE (In veors b rthdoy) Hours within 72 haurs after death WIDOWED 11 BIRTHPLACE (State or foreign country) 2 CITIZEN OF WHAT COUNTRYP 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no yor #nknown) lift yes give wor or dotes of service ALPHONSE J. EMERIE IB CAUSE OF DEATH (Enter only one couse per Tipe) burial-trans t PART I DEATH WAS CAUSED BY and in any event IMMEDIATE CAUSE (6) writing the word VLTIPLE FRACTURES KIBS AND FAUS Conditions, fony, which gove farwarded ta nse to immediate cause (a), DUE TO stat na the under ying couse be used remayal, PART II OTHER'S GN.FICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN N PART ((0) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 3 should PRIMARY OF CONTR BUTING CAUSE OF DEATH 5 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, 20c TIME OF NURY MO (City or town) fa, tary, street, office (Ha. 21 I certify that I taok charge at the remains described above, held on Autopsy and in my apinian geath resulted fram Natural Suicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAM NER O FUNERAL DEPUTY MEDICAL EXAMINER Hea th NAME (Type) Address (Street city town or county) VR A15ME (5) 6M 1/67



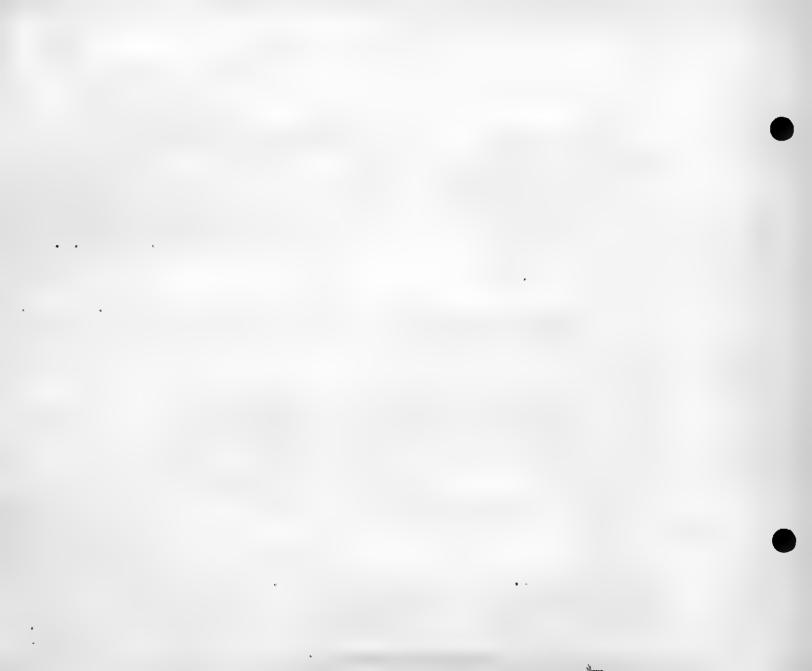
\ . · 1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
	L	J2500	DIVISION OF VIIAL RECORD	CERTIFICATE OF DEATH	MUKE, MAKTLAND ZIZUI	45 8 C) 41
(NA)	1 0	ECEASED NAME First	M ddle	Lost	20. DATE OF DEATH	: 24 8 %
de d		Type or print) Anna		~ ^ ~	Mogth Day	25, HOUR 5:55AM
fu er	3 S		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s of sees		Female	White	9-21-91	lost birthdoy) 7 YRS.	MONTHS DAYS HOURS MIN
a la la	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	COUNTY OF DEATH	
d kg		Penna.	U.S.	WIDOWED DIVORCED	Cecil	Md
within soon po within		Elkton	give street oddress) UNION 1100,	oital of Cecil during mo	LOCCUPATION (Kind of work done st of working life, even if retired) Owner Por	12b KIND OF BUSINESS OF h INDUSTRY HAPPEN
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, hours after the retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the ottending physicion and completely filled to by the end of should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages ed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after the state Dept.	13o odm	USUAL RESIDENCE (Where deceasission) STATE Md .	sed lived, if institution: Residence before 13b COUNTY	Chesapeake YES No	UTS? 13e. STREET AND NUMBER	
exe emo emo	14.	FATHER'S NAME First	Middle Los			Lost
be n or se r		Edward	P. Homil	ler Sarah	Jane	Paradee
rate sicio plea , an	160	WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give w	turn as datas of cambral		Address	
phy len ova	<u> </u>	110		6146 Robert K. Fe	ears, Jr. Port	Herman, IId.
rem rem		PART I DEATH WAS CALISED	nly one couse per line for (a), (b), and			BETWEEN DISES AND DEATH
deo trem mit o, or	ı	H 10 7	ATE CAUSE (0) MASSIVE M	vocardial infarction		
the of the period		Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE	of Lerotic heart disease	years.	•
n. n. yy th ansi		rise to immediate couse (o), stoling the underlying couse((b) AT COTTOSC. DUE TO, OR AS A CONSEQUENCE	OF	. Tire duration	
es t sicia ed t ol-tr al, cr		lost -	(c)			
phy phy sign buri	ı	PART 2. OTHER SIGNIFICANT COM		NOT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(o)	
w re ling sen the	lz			lvic extension. Cobal		
e for tend tend as t as t prior	Ĭ	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	VSIDERED IN CERTIFYING
r at r at e ho use	CERTIFICATION	21o. ACCIDENT WAS UNDERLYIN	UA LAN TIME AS INVIENT	YES NO		
iclan pital o pital o rrificat rd for of Hec	MEDICAL C	OR CONTR BUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Yeiner) P.M.	19	noture of injury in Port 1 or Port 2, Ite	em 18.}
TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires the Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to burial, creating.	×	While Not while of work		FACTORY.) 21f. LOCATION Street or R.F.D No.	City or Town	County State
by 1 ffer ffer be o		22o. I certify that (I) (th	is hospital) ottended the dece	osed from Jan. 1, 1945 1948, and that in (my) (our) opin ne body after death.	8, to Feb. 24, 19	68, that (I) (we) last
R: A		saw the deceased all couses stated above	rilive an Feb. 24,	…IY &	ion deoth occurred an the dote	e ond haur and from the
Station of the state of the sta		22b. SIGNATURE	0/17 (110) (110)		22c DA	ATE SIGNED _
OR be r		wallan	Muchan	DEGREE PHYS DIR	RECTOR D STAFF D 27	T-26 68
TAL Pal Pag Pag		22d. PHYSICIAN S NAME (Type)		22e. ADDRESS		
A n 4 n VER tor,	-		Tallino Osentinia	3,012	Administration of the same of	
D HOSPITAL OR Poge 4 may be red be red by by be red by	23o.	BURIAL, (REMATION, 23b (of CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	24.	FUNIFAL DIRECTOR // S	ADDR		Bethel Cec. REGISTRAR 2Sb. REGISTRAR S SI	IGNATURE.
VR A15 (4) 30M REV 1768	H	nachi 6	or Funerals, di		a comment and a company of	res Julys



. . * .-

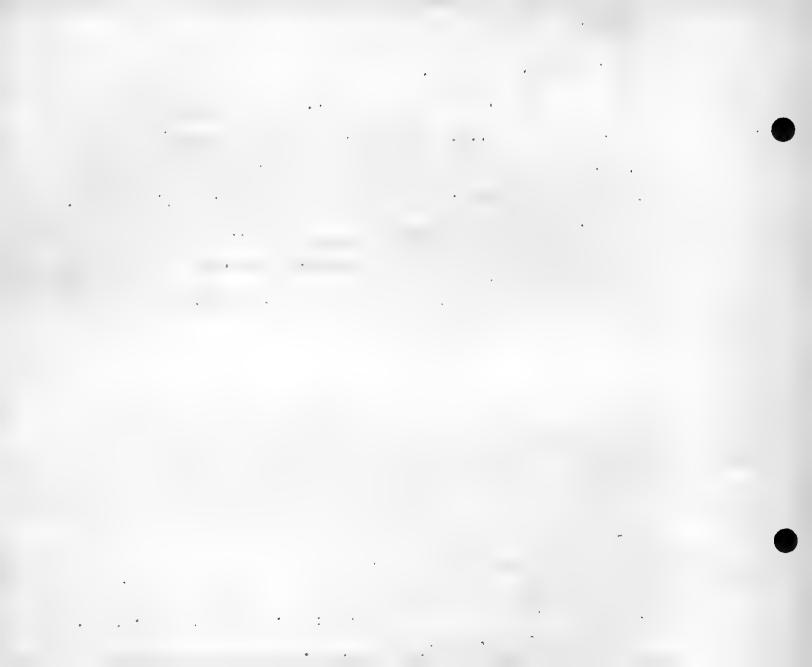


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 1 Film G398 2/28/68CERTIFICATE OF DEATH .2489 2 after death. ond 2 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH o. STATE Maryland a. COUNTY COUNTY Cecil. Cecil hours after o MARYLAND b (ITY OR TOWN (tf autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 haurs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS #6 East Vest Street e IS RESIDENCE ON A FARM 3 signed by the ottending physicion and completely filled in burial-transit permit. Then pleose remove carbon papers buriol, cremation, or removal, ond in any event, within 72 l 8 East West Street NO T NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) OF February 68 Lamie Green 19 IF UNDER 24 HRS. S SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH NEVER MARRIED Clast birthday) Hours Sept. Fenale Negro WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? S. A. INDUSTRY Kembleville, Penna. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME George W. Brown Maney Jav 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) I(If yes give war ar dates af service) Eleanore Johnson 7.8 E.West St 220-54-5504 INTERVAL BETWEEN
ONSET, AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcincha of Iterus with generalized Page 4 may be retained by the hospital or attending physician. metastasis. 1-Year Canditians, if any, which gave Anemia rise ta immediate cause (a), DUE TO stating the underlying cause 5-Year's TO FUNERAL DIRECTOR: After this certificate hos been detoched for use as the te Dept. of Health prior ta Cardiac and Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [NO K 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. (City or town) (Caunty) (State) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) Nat While at wark pe 66to 1968, that (I) (we) last 21 I certify that (I) (this baspiral) attended the deceased fram. . 19 19 68, and that death accurred at 11:11 from causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a SIGNATHRE STAFF 2/9/68 DIRECTOR 22d ADDRESS St. Ellton Cecil Md. Johnson NAME (Type) Jamus 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) C∈dar Hill Gritfith Cemetery uria 25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marco VR A15 (4) 2II M 1/66 909 Poplar

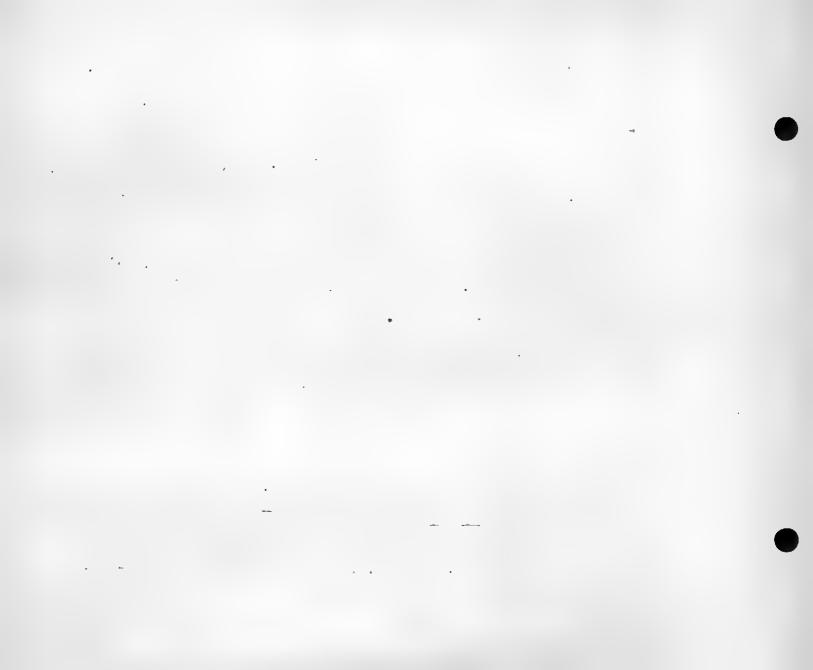


.2504 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 024911 I DECEASED NAME Middle First Lost 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after-death (Type or print) Month 2 Dov C Edward Gregson 197 4 RACE S. DATE OF BIRTH 3. SEX IF UNGER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthdoy) 83 MONTHS ! DAYS HOURS White Male Apr. 4 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED Warvland ond completely titles in remove corbon papers Cecil U.S.A. WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR grue street oddress). during most of working life, even if retired) Textile Elkton TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove coreshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, 130 USBAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY admissor) STATE Maryland ND [Elkton Fiktion 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William John Gregson Anderson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Hospital Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Carcinoma of rectum = metastases DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTDPSY? CAUSES OF DEATH? YES [7] NO I 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State White Not while at work 220. I certify that (1) (this haspital) attended the deceased fram 1963, 19, ta 2-6-, 1965, that (1) (we) last saw the deceased alive on 2-6- 1968, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SUSMAPTURE 22c DATE SIGNED ATTENDING PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION. (County) REMOVAL SPECTY) 19 Gilpin Manor Memorial Park Elkton. Md. 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1768 Elkton, Md. DATE

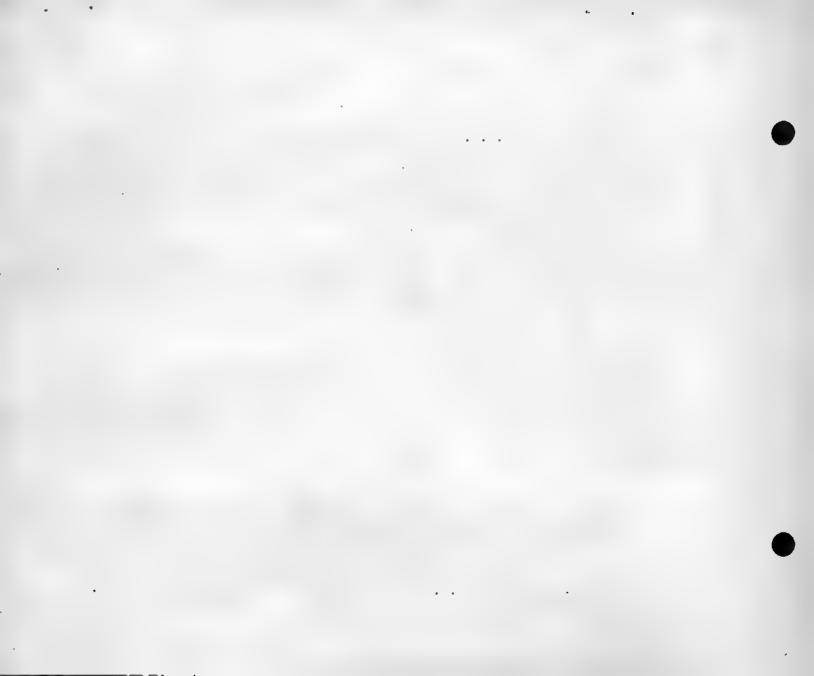
MARYLAND STATE DEPARTMENT OF HEALTH



1	1	DIVISION	MARYLAND STA N OF VITAL RECORDS, 301 W.	TE DEPARTMENT OF HEAD		
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEALTH DEPT.		ECEASED NAME First		Lost	2a. DATE KNOWN Month	Doy 2 Year 2b. HOURP
~ E & .º	(Type or Print) RALPH	RAMSEY	GRIFFIN	OF ESTI- DEATH MATED Febru	
BOA S	3 S				NOER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
SE SE		Male White	2-27-1898	YRS. MURITS DAYS HOUR		2, Year 1968 10:48
ny 1, 2, m P			75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		
2 2		^{ity)} Delaware	USA	WIDOWED DIVORCED	<u> </u>	mu,
Give Poggional P	10. (Newark	give street address) 108	Jackson Hall Ref	o JSUAL OCCUPATION (Kind of work done in name of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
- J-	120		red lived, if institution: Residence before		The most of working life, even if retired) Carpenter Out Lift Limits? 13e STREET AND NUMBER	Const.
officerth least	0	dm ssian) STATE Md.	13b COUNTY Cecil	Ekkton YES	I ON THEEL PARE HOMER	all Road
hours ofter Item 18 Gi Office oloni Tand2 with	14. F	ATHER S NAME First	Middle Los			Lost
24 hours in Item 1 ir's Office es land 2			e W. Griffin	Mary Ra		6031
hin 24 ncil in niner's poges hours	16a.	WAS DECEASED EVER IN U.S. ARMED	ORCES? 16b. SOCIAL SECURITY		ADDRESS	
wthin pencil Examine File poge	(1	res, no, ar unknown) (If yes give WW	2 21 -09-1	885 Thos. R. (Griffin, Wilm, De	la.
INER: This certificate should be executed within 24 hours after deat e certificate, writing the word "pending" in pencil in Item 18 Give Pagshauld be farworded to the Chief Medical Examiner's Office olong with files. 3 should be used as a burial-transit permit. File pages land 2 with the Strain, or removal, and in any event within 72 hours after death.		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (o), (b), and (o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed and many in Medical permit.		PART I DEATH WAS CAUSEI IMMEDIA	O BY. Arteriosc	lerotic Cardiovas	cular Disease	
be executi "pending' iief Medica insit permi		412.9	DUE TO, OR AS A CONSEQUENCE (DF .		
d bed 'p Chie		Conditions, if any, which gave rise to immediate cause (a),	(b)			
should be en word "per to the Chief pouriol-transit in any ever		stating the underlying couse (DUE TO, OR AS A CONSEQUENCE	Jł		
ertificate should be executed writing the word "pending' in rworded to the Chief Medical E sed as o buriol-transit permit. F tovol, and in any event within			(r)	M BULLIER TO THE TERMINAL RICEASE	OR COMPLETON CHARLES IN CAPE 2/2)	
ficate ing th ded as o I, and		S S S S S S S S S S S S S S S S S S S	TIONS COMINIDATING TO DEATH BUT IN	A KELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART (0)	
certif , writh arworn used a	FICATION	190. DATE OF OPERATION	19b. COND T ON FOR			20 AUTOPSY?
hrs certific ate, writin e farwords be used as removol.	TEC		WAS PERFORME	D?		YES X NO
生 元 三 二	L CERT	210. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING F	21a TIME OF INJURY Manth, Doy, Yo	eor 21c HOW (NJURY OCCURRED	(Enter nature of injury in Port 1 or Part 2, the	em 18)
NER: The certifice shauld by files.	MEDICAL	CAUSE OF DEATH	P.M. 19			
	×		PLACE OF INJURY (At home, form, street, ctary, affice building, etc.)		307 27 12 111	County State
- Ui - A		AT WORK AT WORK		(Partia		
ICAL E executor. Po ed for CTOR: I burial,			aak charge of the remains descri			J, and in my apin an
director etained DIRECT or to bu		death resulted fram	Natural causes 😾 Accide		ikide, Undetermined manner	
Ty please y, please and direct be retaine tal DIREC		ACTUAL Melen	15h.5.2	****	CAL EXAMINER AMERICAL EXAMINER 22b. DATE	SIGNED
ssary, fruncial ay be r		SIGNATURE EXAMINER'S	Werner U. Spit		MENICHE EMMANIER FIRE	3-68
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr		NAME (Type)	Weiller () 01 3F21		treet, city, town, or county)	
TO DEPU necessar the fune 5 may k TO FUNE Health		BURIAL CREMATION 23b	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Ŷ	B		6-68 Bethe	Cemetery	Chesapeake City	
VR A15ME (5)	13	SUNERAL DIRECTOR	TO ADD		RECD BY REGISTRAR 1 2Sb REGISTRAR 5"	SIGNATURE
10W &EA 1/98 A	4	Mulamy.	/ tanuack / No	wark, Dela. DATE	FEB 6 1908	1 1 1 1 2 2 2



MAKYLAND STATE DEPAKIMENT OF HEALTH



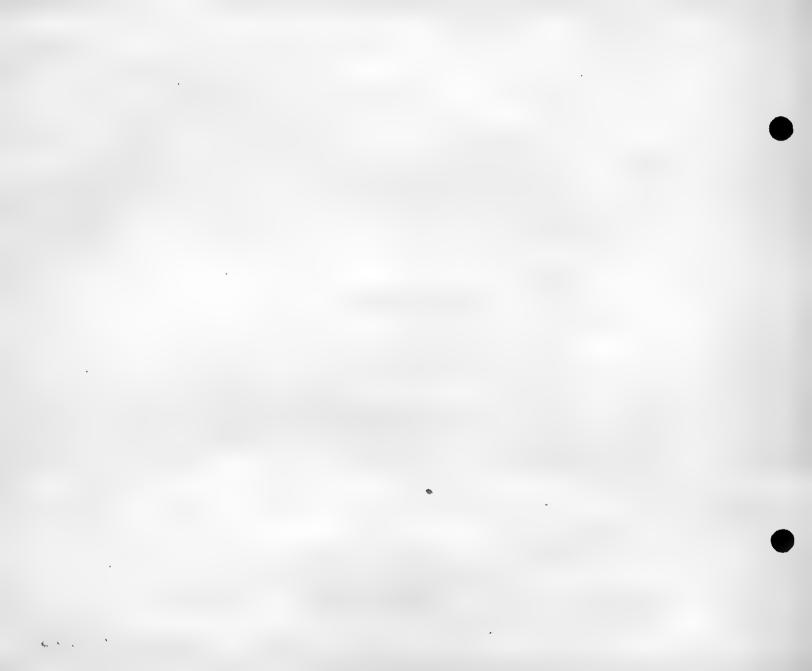


. • .

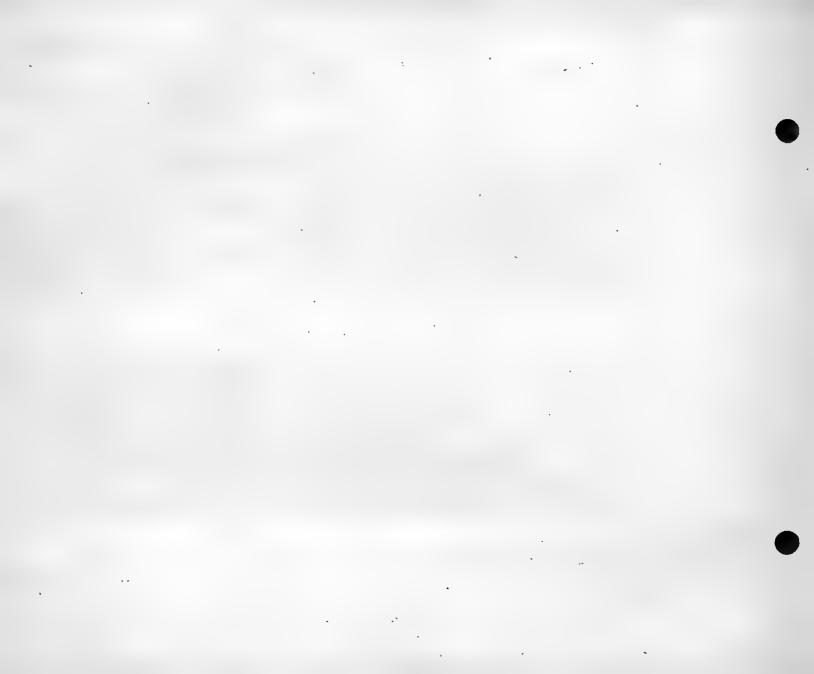
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02570 02496 CERTIFICATE OF DEATH Last 2a DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle the attending physicion and campletely filled in by the Tuneral sit permit. Then please remave carban papers. Pages 1, and 2 nation, at removal, and in any event, within 72 haurs after death. (Type or print) Manth Yeor. Daniel. Kidnev Feb. Μ. 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 3. SEX 6. AGE (In years last b 70 10-24-67 MONTHS 1 ÖAYS MOURS. White 毫 Male PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign MARRIED NEVER MARRIED country) U.S.A. Cecil WIDOWED | DIVORCED [Iowa 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR duzing mast of working I fe, even if retired.) INDUSTRY give street address) Perry Point VA Hospital Correspondent Newspaper 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13r CITY OR TOWN 13e STREET AND NUMBER 13d. INS OF CITY UM:TS? odmission) STATE ryland 13b COUNTY Montgomery 7812 Marion Lane YES 🗔 NO! Bethesda 14. FATHER S NAME Middle Last 15 MOTHER'S MAIDEN NAME First M'ddle McCarthy Mary James E. KIDNEY 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN u.S. ARMED FORCES? Address [If yes give war or dates at service) Yes, na, ar unknawn) cremation, ar removal, VA Hospital Records - Perry Point, Md. 578-07-21-51 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: burial-transit permit. burial, crematian, ar re 6 Wks. Broncho Pneumonia Lt Lower Lobe IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Coronary Heaft Disease Years. Conditions, if any, which gave) nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to ! Page 4 may be retained by the haspital or attending this certificate has been 4201 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔼 NO 🖂 far use 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21d ANJURY OCCURRED While Not while O FUNERAL DIRECTOR: After **Hackisskithmetix** causes stated above, (i) (we) (did) (did nat) view the bady after death. ____, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED DIRECTOR 2-10-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type NARCISO W. CARMONA. MD Perry Point, Md. director, shauld be 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Baltimore, Maryland Baltimore National 2/14/68 1968 ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A1524) FUNERAL HOME- Washington D.C. GAWLERS

٠ ٠ i i + , (L., m)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2491 and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY **b.** CDUNTY CECIL MARYLAND b. CITY OR TOWN (If outside carporate Emits, c CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 write RURAL and give nearest tawa) RISING SUN 70N e IS RESIDENCE DN A FARMS d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 the attending physician and campletely filled sit permit. Then please remave carban pape OSPITAL YES ND K NAME DE 4. DATE First Manth Year DECEASED OF DEATH WIOLA KINSLOW FEB 19 6 \$ (Type or print) 1F LINDER 1 YEAR IF UNDER 24 HRS. S SEX 8 DATE DF BIRTH 9. AGE (In years 6 COLDR DR RACE 7 MARRIED NEVER MARRIED birthday) Manths Hours 7/14/1896 WIDDWED DIVORCED TOa USJAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyen it retired INDUSTRY COUNTRY? MARYLAND UBA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN TALBERT MORGAN MAGGIE 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND Address (Yes, no, or unknown) (If yes give wor ar dates of service) 117-54-783\$ JOHN KINSLOW RISING BUN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TD stoting the underlying couse Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES [ND 20b. DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part for Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice bldg., etc.) at work at work 21. I certify that (I) (this hospital) attended the deceased fram. 1858, to 9/0 19 62, and that death occurred at M, fram causes and an the date stated above saw the deceased alive an 2/0 22a, SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d LOCATION (City or Town) 23b. DATE THEREDE 23c NAME OF CEMETERY DR CREMATORY (County) (State) 23a BURJAL, CREMATION, TRINITY 2/13/1968 CEM, NORTH EAST LECIL MIT **ADDRESS** 2Sa. REC'D BY REGISTRAR Permit



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 1 6 C 2
HEALTH DEPT.	<u> </u>		Doy Yeor 2b h0JR
TES TO		Type or Print) MARY TAULINE KIRIS DEATH MATED 2:	
	3 5	EX. 14 RACE S DATE OF BIRTH 6. AGE (n years F JHOER YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d_HOUR
a m	7	EVALUE LONG TO APR 25 - 1895 72 YRS MONTHS DAYS HOURS MIN. MONTH DOY	Yeor 1968 150
any delay mm Mistra	70	BIRTHPLACE (Stole or foreign 76 CITIZEN, OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
N E	cour	THECH CO VISA WIDOWED OF DIVORCED [] CECIL	Md
deoth with the state	10_0		125. KIND OF BUSINESS OR INDUSTRY
hours after deathern 18. Gyer Pag Office along with ond 2 with the Srt after death.	17	- REYUILITE RD. HOUSEWIFE	AT HOME
at a second	130.	USUAL RESIDENCE Where deceosed lived, if institution Residence before 12 LITY OR TOWN 3d MISIDE CTY LIMITS? 13e STREET AND NUMBER dmission) STATE ARGUAN 13b COUNTY 11 TERRY (1/1/17 YES NO F)	, , , ,
urs (ce o ce o de r de	_		
hours after Item 18. Gy Office aland Iond 2 with	14 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	10st Lost
hin 24 norl in niner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO. 17 INFORMANT ADDRESS	TANLOUS
thin 24 enct in miner's poges hours		(6s. no. or phknown) (If yes me wor or dates of service) 3/3-38-5007 CARMON PRICE CECILIF	2 1) Ho
should be executed w'the word "pending" in peto the Chief Medical Exarbural-transit permit. Filed in any event within 72	-		APPROXIMATE INTERVAL
uted ical ithii		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PROID VASCULAR PENAL DISEASE	BETWEEN ONSET AND DEATH
xec ndin Med med t w		4/2 IMMEDIATE CAUSE (OF THE OFO VITE COLLINE FE NATE DISEASE) DUE TO, OR AS A CONSEQUENCE OF	I II IN 4 JEAU
ber e per lief /		Conditions, if any, which gove	HANULFAN
P P P P P P P P P P P P P P P P P P P		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	11/1/1
shou orre		lost (c)	The control of the co
2 - 5 5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ifico ting order l os al, a	×	(442)	
wri wri Jrwg used used	CATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
INER: This certile certile certile certificate, writh should be forwar files. 3 should be used otton, or remava	CERTIF	1 10 10 10	YES NO.
n, o		PRIMARY OR CONTRIBUTING VIO. P.A.M. OF 15 DED 1	.m 10)
NER e cer shous files. 3 shou	MEDICA,	CAUSE OF DEATH 21d INJURY OCCRRED 21e PLACE OF NJURY (At home, birm, street, 21f LOCATION Street or R.F.D. No. (ty or Town)	County State
		WHILE AT WORK AT WORK foctory Diffice building etc.	333.0
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry	ond in my opinion
HCAL E e execu ctor. Por ned for ECTOR: F burnol,		death resulted from: Notural couses Accident Suicide Homicide Undetermined manner [, one in any opinion
please direct direct cretaine DIREC		CHIEF MEDICAL EXAMINER	
Yy, pleerol directed dispersion prior		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	SIGNED
Sory Sory Uner V be V be		EXAMINER'S DEPUTY MEDICAL EXAMINER 2	2768
O DEPUTY necessory, the funerol 5 may be i 0 FUNERAL Heoth pri		NAME (Type) PETURY UD AULS !! ADDRESS(Street Septime EAKEL)	21ry 170_
5 5 ± 2 5 ±	230	BOR AL CREMATON 23b DATE 23c NAME OF CEMSTERY OR CREMATORY 23d LOCATION (City or Town)	(Stote)
	24	FUNERAL DIRECTOR JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	suffice (
VR ATSME (5)	(4.	ell. Cottygge of Son Jeweselle, M. DEFB 8 1968 Com	a flance
10M 9EV 1/68 -2	10	colf. / 14/11/20 1 son/ /euryocke, 1114 1 118 0 1300 1	3000



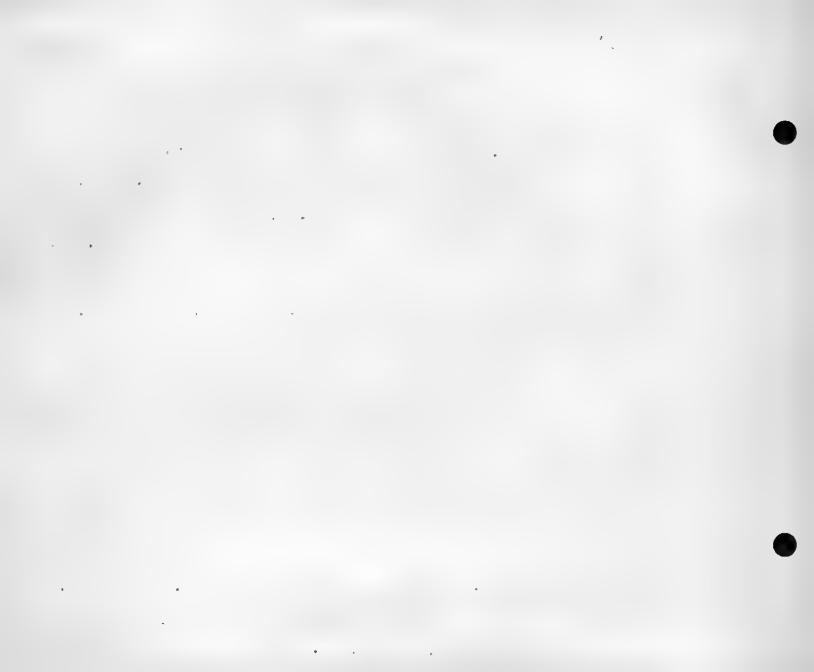
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32513 CERTIFICATE OF DEATH 02494 DECEASED-NAME Fırst Last 2a. DATE OF DEATH 2b. HOURA February (Type ar print) Maria Little Anna 6. AGE (In years last birthday) IF UNDER 1 YEAR S. DATE OF BIRTH atter 4. RACE burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX MONTHS DAYS White May 30. Female 1903 The law requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? MARRIED MINEYER MARRIED (Ountry) Maryland Cecil U.S.A. DIVORCED | WIDOWED | 12o. USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) Fair during most of working life, even if retired.)
Housewife INDUSTRY Elkton R.D 13c. CITY OR TOWN 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b COUNTY Ceci admission) STATE YES [NO-E Fair Elkton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Kline Theodore C. Huller Ann Marv 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Elkton. Clyde T Tittle. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT min signed by the attendir burial-transit permit. Angina Pectoris IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart disease 4 years Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause () Generalized atherosclerosis. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D No. State City or Town County 21a. INJURY OCCURRED While Nat while 22a. I certify that (I) (this more partial) attended the deceased from the last 1963, to Feb 10th 1968, that (I) (vec) last saw the deceased alive an eb of the last and from the directar, page 3 shauld shauld be filed with the couses stated abave, (1) (Te) (did) (did Not) view the bady ofter death. 22c. DATE SIGNED 22b SIGNATURE MED. DIRECTOR **ATTENDING** DEGREE PHYSICIAN'S Main St., Newark, Dela Tace M. Johnson M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE 230. BURIAL, CREMATION, REMOYAL (Spenty) /13/68 Head of Christiana Mewark. Delaware 25b. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Elkton. Md. Funerals. DATE



10, - 15 m		. 51	& DIVICION	OF VITAL REC	RYLAND STA	TE DEP	ARTMENT (OF HEALTH	 Madviani	21201			
FOR STATE	Ite	m II fi	.1m G398	3 MEDICA	LEXAMIN	EDIC C	EDTICICAT	TE OF DE	ATH	7 21201		125	6.0
HEALTH DEPT.	1 DECE	ASED-NAME	First	THEDICA	Middle	EK 2 C	LOST			DATE KNOWN	7 Month		2b HOJR
		or Print)		TV	EY					OF ESTI-			
elay is a tage and after	3 SEX		RACE	S DATE OF BIRTH		AGE (In years	LOWMA IF UNDER 1 YEA			DATE PRONOUNCE	D DEAD	23 196	2d HOUR
	Mal		White	2/19/41		last birthday) 27 YRS	MONTHS OA	YS HOURS	MIN	Month February	Day	Year 1968	
Type de La Carre d		HPLACE (State of		CITIZEN OF WHAT			RRIED NEVER	MARRIED	9 COUNTY		y 23,	707	3 13 - 154
TE CO	country)			United S			_	DIVORCED	Cec				Mi
h for h fate	10 CITY	OR TOWN OF D	EATH	11 NAM	E OF HOSPITAL OF	NSTITUTIO!	(If not in hosp	utal 120 U	SUAL OCCUPA	TiON (Kind of w	ork done	12b. KIND OF BI	USINESS OR
hould be executed within 24 haurs after death word "pending" in penal in Item 18. Give Pages the Chief Medical Examiner's Office along with fairial-transit permit. File pages land 2 with the State any event within 72 haurs after death	Ra	inbride	e (dear	y give stri	NE OF HOSPITAL OR Bel godyess) Sta On / rt//2	tion 22 me	HospMar	Ker during	most of war U.S. N	king life, even il AVV	fretired)	Milita:	rv
Giv F F F	13o US	UAL RESIDENCE	(Where decease	d lived, it instituti	on Residence bef	ore 13c CITY	OR TOWN	' P3d INSIDE CITY I	IMITS? 13e	STREET AND NU	MBER		-у
s afte 18. Gi e alan 2 with death	admi:	ssian) STATE	мD	13b. COUNTY Ceci	1			YES N	0 🗆 X	U.S. N.	T.C.	Bainbri	dge, M
24 haurs in Item 1 r's Office es Tand 2 urs after d	14 FATH	ER S NAME	First	Middle	Lo	st	IS MOTHER'S	MAIDEN NAME	First	M	iddle	Lo	ost
24 h			arley	W.	Lowma	an		Caldo	nia	(non	e)	Sma	rt
him 24 ncil in niner's pages haurs	16a. WAS	S DECEASED EVER na, ar unknawn)	IN U.S. ARMED FO	RCES? 1	6b. SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDR	ESS		
within penal xamine ile page 72 hau	(103,	Yes	9 yre	9 mo 2	247 68 48	377	USNTC	Bainbr	idge,	Marylan	d 219	05	
xecuted withding in perfection of the fixed fixe	11	8. CAUSE OF D	EATH (Enter only	ane cause per line	far (a), (b), and	(c).)							te interval et ano death
be executed "pending" in ite Medical E insit permit. Fevent within		7/3	IMMEDIAT	E CAUSE (o)C	raniocer	ebral	injuri	es				-	
ex ent		かん。 inditions, if ony	hish same A	DUE TO, OR A	S A CONSEQUENCE	OF							
d be d "F Chie rans		se ta immedia:		(b)	201020102010	De							
should be e te word "per a the Chief I burial-transit		ating the <u>unde</u>	rlying cause	DUE TO, UK A	S A CONSEQUENCE	UF							
			AUCICANT CONOIT	(c)IONS CONTRIBLTING	O TO DEATH DIFF.	IOT DELATED	To THE TERMIN	AL DISTAST OR S	ONDITION OF	/FN 40 DADT 1/-1			
	1 1	KI Z OTHEK SIG	NIFICANT CONDIT	IONS CONTRIBUTION	JIO DEATH BUT N	IUI KELAIED	TO THE TERMIN	AL DISEASE OK C	UNDITION GI	IEN IN PAKE I(0)			
certifi arward used c maval	NO 19	o DATE OF OPE	RATION	i i	9b CONDITION FO	R WHICH OP	RATION					20 AUTOP	SY?
is certific te, writin farward e used a remaval,	CERTIFICATION 15.			1	WAS PERFORM							YES 5	ON E
4 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		o EXTERNAL CA		21b. TIME OF IN	JURY Month, Day,	reor :	To HOW INJURY	Y OCCURRED (En	ter noture of	injuty in Port 1	ar Port 2, It		
INER: T e certific should b files. 3 shauld action, ar		RIMARY (E) OR (AUSE OF DEATH	ONTRIBUTING	1:20	2 23	9 68	Sub i	iact in	auto-	auto co	11 iero	See	
(AMINER: te the certi e 4 should aur files. age 3 shau cremation,		d INJURY OCCU		ACE OF INJURY (At	home form, stree	t,	of Location St	reet or R.F.D. No.	-	City or Town	1.	County	Stote
		WHILE HOT AT V	WHILE TOCK	ory, office building, Street	erc j		Rt.222	near_M.	E.C. N	larket		Cecil	Md.
please execute I director Page retained for you burkertok: Page or to burial, cre or to burial, cre		22o. l ce	rtify that I to	ok chorge of the	remoins descr	ibed obav	e, held on A	utopsy 🔯	Inspect	ion 🔲, Ir	nquiry [ond in	my opinion
DEPUTY SICAL E		death reso	Hed√fram.	Natural cause	SN Accid	ent 🗶,	Suicide [, Hamicid	le 🔲 , L	Indetermined	manner		
please explication director etained DIRECTO		X	1	1	1_\	0,		CHIEF MEDICAL	EXAMINER				
		IGNATURE 1	1	and,	TV	NVSI	M.D.	ASSISTANT MED			22b. DATE		
Per sarrange NER h		XAMINER'S			•			DEPUTY MEDICA			Febr	uary 23	1968
TO DEPUTY necessary, if the funeral 5 may be TO FUNERAL Health print		AME (Type)	Edward .	F. Wilson	1, M.D.	at attended		ADDRESS(Street			,	(5	
5 5 ± 2 5 ±		UR AL, CREMAT C HOVAL (Specify emova	N, 23b (NILLINGS			OR CREMATOR		,	ATION (City or To		. , , ,	(Stote)
	24 FU		791	24/1400		DRESS	re Cemer		P BY REGISTR	ural)	BU:		.C.
VR A15ME (5)	24 10	Recorded to	bather	cry do	26		41	DATE	CB Z	7 1958	Tice	circles yo	and a
10M REV 1768		Lee n.	Patters	on & Jon	evuv	uly_	دره	DATE			٧		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2501 ofter death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Cecil arvland Cecil MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 24 haurs Elkton Elkton Life d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? frate has been signed by the attending physician and completely filled to use as the burial-transit permit. Then please remave carban paper Health priar to burial, crematian, or remaval, and in any event, within 72 202 Sycamore Rd. YES T NO 3 Sycamore Rd. (Meadowview requires that the death certificate be executed within NAME OF Last 4. DATE Month Day OF DEATH DECEASED Feb. Mary 19 (Type or print) Ann Lynch IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 5 SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Haurs Temale White WIDOWED DIVORCED Sept. 3.1888 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
HOUSEWIFE INDUSTRY Maryland
14. Mother's maiden name 13. FATHER'S NAME William Rothwell Rachel 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war or dates at service) Louis W. Rothwell. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19 JWAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for the Dept. of H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year factory, street, affice blda, etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased fram // . 1968. that (1) (we) fast 1967 to 1968, and that death accurred at N:129 M, from causes and an the date stated above. saw the deceased alive an... 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Rolando A. Najera 05 E. Main St. Elkton 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE THEREOF 23o. BURIAL, CREMATION, BILL 181 2/6/68 Bethel. Maryland Bethel Cemetery 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Funerals, Elkton, Md. for DATE



45	1			ID STATE DEPARTMENT		
		02516	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEA		
(IVI)	1 0	ECEASED NAME First	M.ddle	lost	20. DATE OF DEATH	02502
f Egg		HOS OF DOUBL	ISSA A. MC ELHENE		Month	2 Doy 1968 4:10 M
funeral funeral funeral funeral	3. 58		4 RACE	S DATE OF RIPTH A	TOTAL S. A AGE (In year	
rs offer and rs affer rs affer		Female	White	April	2000 lost buthday)	
haurs in by ers. Pour		tru)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 in per name		PA	U.S.A.	WIDOWED DIVORCED	Cecil_	Md.
within poon powithin within		erry Point,	give street oddress) Veterans Adm		. USUAL OCCUPATION (Kind of work ing most of working life, even if reti Nurse	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afterwhere Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please femave carbon papers. Pages 1 and should be filled with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 hours after deat	13o.	USUAL RESIDENCE (Where deceose ssion) STATE	d lived, if institution: Residence before 13b. COUNTY	13c CITY OR TOWN 13d, INSIO YES EX	E OTY LIMITS? 13e STREET AND NUMB	ER
a co may iny (14	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NA		
		Unkr	Our		known	
ate cian and	160	WAS DECEASED EVER IN U.S. ARM	D FORCES? 16b, SOCIAL SECURITY	NO. 17 INFORMANT	Addi	ress
ertificate be physician c nen please naval, and in	`	es, no, or unknown) (11 yes give will YES WW	T 215 32 1	5 80 VA Record	s VAH. Perry 1	
om of the land		18. CAUSE OF DEATH (Enter onli	one cause per line far (a) (b), and (ϵ)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
he death ce tatending (permit. The		PART I DEATH WAS CAUSED IMMEDIA	BY. E CAUSE (0) Pulmonary	edema, marked.	acute	1 day
afte an,		41214	DUE TO, OR AS A CONSEQUENCE OF			
the the saft p		Conditions, if any, which gove) tise to immediate couse (a),	(b) Severe aı	teriosclerotic c	coronary heart di	sease years
th danger of the creating the c	ı	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
equires that the physician. signed by the burial-transit burial, cremati		last.	(c)			
sig bur bur		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(0)	
ding ding een the ar to	8	TO DATE OF OPERATION LINE	Cerebral infarcti		occipital lobe	Things Couldings for the especialists
The law requires the attending physician. has been signed by se as the burial-train hariar to burial, cre	CERTIFICATION	190 DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS P		CALIFIC OF DEATHS	INGS CONSIDERED IN CERTIFYING
or a	CERTI	21o. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY		(Enter noture of injury in Port 1 or P	oct 2 Item 193
for far fer fer fer fer fer fer fer fer fer fe		CR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		frues notate of tulors in Lore Lor L	on z, nem id.j
rsic aspi certi hed of. a	MEDICAL	(If either, notify medical examin	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		.D. No. City or Town	County State
Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		While Not while at work of work	OFFICE BUILDING. ETC.			
by t by t fter be c Stati	'	22a I certify that <u>知</u> (thi	haspital) attended the deceos স্কুটো	ed from 9-17-	19 02 , to 2-2-	., 19_68_ xthat/flockeclost
END sed old the		Sawaha deceased above	(t) (we) (did) (did not) view the	19, and that in {629\$(our	r) opinion death occurred on t	he date and hour and from the
ATT ATT Shair shai	1	22b. SIGNATURE	X-X (we) (did) (see that we will			22c. DATE SIGNED
OR DIRE				DEGREE PHYS	MED. STAFF I	2-3-68
A Page		22d. PHYSICIAN'S	(PUL)	22e. ADDRESS		
ro Hospital Page 4 may To FuneRal I director, pag shauld be fil		NAME (Type)	I. REUS, M.D.	VAH		
HO Bge FUS Fus hould	230	BURIAL, CREMATION, 23b. D REMOVAL (Specify) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		CEMETERY OR CREMATORY	23d LOCATION (City or Town	
5 5 5 ×	-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2-6-1968 Baltim		Baltimore	Maryland
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR	ADDRESS	E	EB 7 1968	TRAR'S SIGNATURE
SVM RE4, 17083		VILLIAM COOK BR	OOKS Preston & S	t Paul Balto DATE	LD 1000 A	Al In



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH eral ond 2 death requires that the death certificate be executed within 24 haurs ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Cecil Manuland Cecil

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give neorest town) Elbton Elkton e IS RESIDENCE ON A FARM? .E 2 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS buriol-tronsit permit. Then please remove carbon paper: buriol, cremation, or remaval, and in any event, within 72 completely filled YES NO X Union of Cocil Brown Count 4 DATE OF 3 NAME OF Year Last DECEASED Thomas DEATH (Type or pnnt) Means IF UNDER 24 HRS. TE UNDER 1 YEAR 8 DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Davs Hours DIVORCED WIDOWED and 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicion o during most of working life, even if retired)
Automobile INDUSTRY yeneral /btors 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Thomas Mears Jerusha Petago ottending p INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na. or unknawn) (If yes give war or dates of service) Mrs. Lola Mears, Elkton, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), the signed by the buriol-tronsit p ONSET AND OEATH PART I DEATH WAS CAUSED BY Rxux Pulmonary infarction IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove Pulmonary embolus (b) rise to immediate couse (a). DUE TO stating the underlying cause 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Scheroderma WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20c, TIME OF INJURY Month, Doy, Year Haur a.m. foctory, street, affice bldg., etc.) Nat While at work at wark 19 67, to 19 6 8 that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from. 19 68, and that death occurred at 4 P M, from causes and an the date stated above. saw the deceased olive an. 22b. DATE SIGNED 22a. SIGNATURE PHYS. M.D. **OIRECTOR** 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g BURIAL CREMATION. 23b. OATE THEREO BREMOVAL (Specify) 2-14-68 pin Manor Mem 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

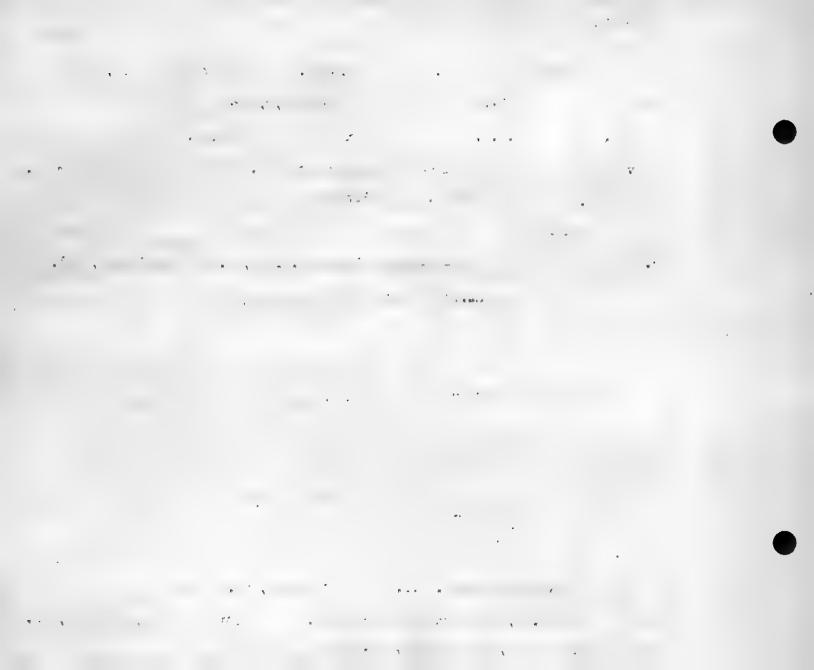


	1	. was a Divicion	MARYLAND SIA	VIE DEPARTMENT OF		IND 91901	
FOR STATE		02518 DIVISION	OF VITAL RECORDS, 301 W	ER'S CERTIFICATE	,	AND 21201	02504
HEALTH DEPT.	1 0	ECEASED-NAME First	Middle	lost	T	20 DATE KNOWOC Month	
2000	1	Type or Print) Allan	β,		er Sr.		19- 1968 4:38 M
y delay 2, and 3 % PM3 Pag		ule White	June 7, 1916	AGE (n yeors IF LINDER YEAR loss burtholoy) MONTHS DAYS YRS	IF UNDER 24 HRS. HOURS MIN.	2c DATE PRONOUNCED DEAD Month Day	Year 19 68- 5.30 M
9	70 400 Jr		CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	V	ITY OF DEATH	
ges 1, farm farm ate De	10	Millington, Mol	U.S.A.	WIDOWED DIV	VORCED/	(ecil UPATION (Kind of work done	Md 125 KIND OF BUSINESS OR
after death Sive Pages 1, 2 along with farm with the State Dep		ELLTON	give street oddress)	LPIN PARM	during mast of	working ife even if retired)	
ale ed with		usera, RESIDENCE (Where deceose dm ssian) STATE Md.	d lived, if institution Residence be	ore 13c CITY OR TOWN EL4TON	YES NO X	13e STREET AND NUMBER GILPIN	FARM
,	14. [ATHER S NAME Harry	W. Pir	is Mother's Mu	Bessie	Middle V.	Durham
l within 24 in pencil in Examiner's Examiner's F.Le pages		WAS DECEASED EVER IN U.S. ARMED FO (85, no, or unknown) (If yes give w	ORCES? 16b. SOCIAL SECURIT or or dates of service)	Y NO 17. INFORMANT	=5 M. H	ADDRESS LESTER ELH	tox Md.
eruted wing" in parcel Exemple. F.I. within 7		T	one couse per line for (a), (b), and				APPROX MATE INTERVAL BETWEEN ONSET AND CEATH
e executed pending" ir ef Medical I rsit permit. I		1MMEDIAT	E CAUSE (0) TEMBERN	.3	e to		Few minutes
be exertined "pend nief Me ansit pe		Conditions, if any, which gove }	(b) SE/F inf	a. 1 1 .	an times	rt and left	
shauld be executed ne ward "pending" in ia the Chief Mearcal burial-transit permit.		rise to immediate couse (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE	OF		TI ONE ISTI	
sho he w to th buri		las†		-terps and vo			
certificate shauld, writing the ward arwarded to the Chused as a burial-tremaval, and in any		PART 2. OTHER SEGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(0)	
is certifite, writing farward and consed con	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO WAS PERFORM	R WHICH OPERATION			20. AUTOPSY?
his ate, e fo	RIFE	Ol systematical contact			- CC118-hall 4a		YES NO 2
三世교 즉 일	MEDICAL C	210 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH			uflicted	e of moury in Port 1 or Port 2,	, , , , , , , , , , , , ,
EXAMINER: whe the cert age 4 shault yaur files. Page 3 shau I, crematian	WED.	21d NJURY OCCURRED 21e P	LACE OF NURY (At home, form, street			City or Town	County State
		AT WORK AT WORK	ory, office building, etc.)	RD#		Manc Forms	Cacil Md.
AL E			ok charge of the remains descr				and in my opinion
please (directa retained DIRECTO or to bu		death resulted fram	Natural cause 1, Accid		Homicide []	Undetermined manner	
		ACTUAL SIGNATURE			HEF MEDICAL EXAMINEE SSISTANT MEDICAL EXAM		TE SIGNED
DEPUTY cessary, e funera may be FUNERA!		EXAMINER'S	2/1/	DI	EPJTY MEDICAL EXAMIN	***	-19-69
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pri	22.0	BURIAL (REMATION. 235	DATE 23c NAME	OF CEMETERY OR CREMATORY	ODRESS(Street, city, tow		nserly Ave Elhto
5	2,50	REMOVAL (Spearly) Purial Feb	22.1968 Mill	inaton Cemete.	At a	Winoton	(County) (State)
3	24	FUNERAL DIRECTOR	The state of the s	DRESS	250 REC'D BY REG		Espiland &
VR A15ME (5) ***) : 10M REV 1/68	R19	PIN FUNERAL HOM	E Know W	er Elkton	MANTER & J	1000	0



FOR STATE HEALTH DEPT. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Lost OF ESTI-	:-50	.75
/ June of Break	Vage	The state of the s
	7 60	2ь ноия 6:35
№ POPIELARSKI OF AT H MATER 7 2 4	+ 168	p.M
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if UNDER 12 HAS 2c DATE PRONOUNCED DEAD lost brindory) MONTHS DAYS HOURS MIN MONTHS DAY	Year co	246H03H5
male June 9, 1945 ZZ YRS February 4,	1968	P • M
TI CO COUNTY TO		
- FD IN CITY OF TOWN OF PRATU III WANT OF HOPPITAL ON INSTITUTION (If not in bounded 10 - 10 at 1 Occupation (V - 1 of iii - 1 dec.) 10b	KIND OF BUSIN	Md. IESS OR
Delaware 10. (ITY OR TOWN OF DEATH Elkton 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. LSLAL COCCUPATION (If not in hospital during most of working life, even if retired.) 13. SUA. RESIDENCE (Where deceased Ived, if institution Residence before 13c (ITY OR TOWN 13. SUA. RESIDENCE (Where deceased Ived, if institution Residence before 13c (ITY OR TOWN 13. STREET AND NUMBER 13. COUNTY 14. FATHERS NAME 15. MOTHER'S MAIDEN NAME 17. First Middle 18. Mother's Maiden NAME 19. Modile	Build:	ino
130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER R.	D. 1	
Mary land 136 COUNTY Cecil Ekton YES NO NO Bill's Trailer P	Park	
130 SUA, RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13de STREET AND NUMBER R. PAGES STATE 13b (OUNTY) PES NO 12 Bill's Trailer P 14. FATHERS NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last	
James E. Long Alice E. Ida Was Deceased Ever In U.S. ARMED FORCES? Ida Was Deceased Ever In U.S. ARMED FORCES? Ida Social Security No 17 Informant Address (Year-righ or unknown) (If yes give word orders of service) Address F. Long Alice E.	Fraze:	<u>. </u>
Marry Tandt 13b COUNTY 15b COUNTY 15b COUNTY 15b COUNTY 15b COUNTY 15b COUNTY 15b COUNTY 15c	+ ~ ==	17A
E B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE II	ITERVAL
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive Internal Bleeding Due to Gunshot Wound TO STATE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY AND ASSOCIATION OF Chest involving spleen. Kidney.	BETWEEN ONSET A	ND DEATH
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
Candit ans, if any, which gave (a), (b) Aorta, Liver and Lung.		
stating the underlying cause Due TO, OR AS A CONSEQUENCE OF		
Candit ans, if any, which gave isset a immediate cause (a), stating the underlying cause ast. (b) Aorta, Liver and Lung. Due To, Or AS A CONSEQUENCE OF (c)		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
190 DATE OF OPERATION 190 DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH 5:20 PM 2/4 19 68 Shot during altercation	20 AUTOPSYT	
the definition of the state of	YES X	ио 🗆
POINTAL TO CONTRIBUTION HOUR KA	8)	
CAUSE OF DEATH 5:20 PM 2/4 19 68 shot during altercation 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 211 LOCATION Street or R FD No City or Town Co	gunty	State
white mat work of factory, affice by drig, etc.) Trailer camp Elkton,	Mar	yland
5:20 PM 2/4 19 68 shot during altercation Substitute State Stat	and in my	
22a. I certify that I tack charge of the remains described above, held an Autapsy [X], Inspection [], Inquiry [], death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [X], Undetermined manner []	,	
CHIEF MEDICAL EXAMINER ACTUAL ACTUAL		
ACS STANT MEDICA EXAMINER X 226 DATE SIGNI	1ED 5/68	
ACTUAL SIGNATURE SIGNATURE SIGNATURE Werner U. Spits M.D. ASS STANT MEDICA. EXAMINER 22b DATE SIGNIT MEDICAL EXAMINER 22/5 DATE SIGNIT MEDICA	7/00	
Court I 23a BURIA. (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d .OCATION (City or Town) (Court	unty) (Sto	ite)
granoval (Specify) 2/7/68 / Elkton Cemetery Elkton, Md.	,, (
24. FUNERAL DIRECTOR CALL STATE ADDRESS 250 REC D BY REGISTRAR S S GNA	ATURE	
WRAISMEIS Hicks Home for Funerals, Elkton, IId. DATEFEB 14 1838	0	4







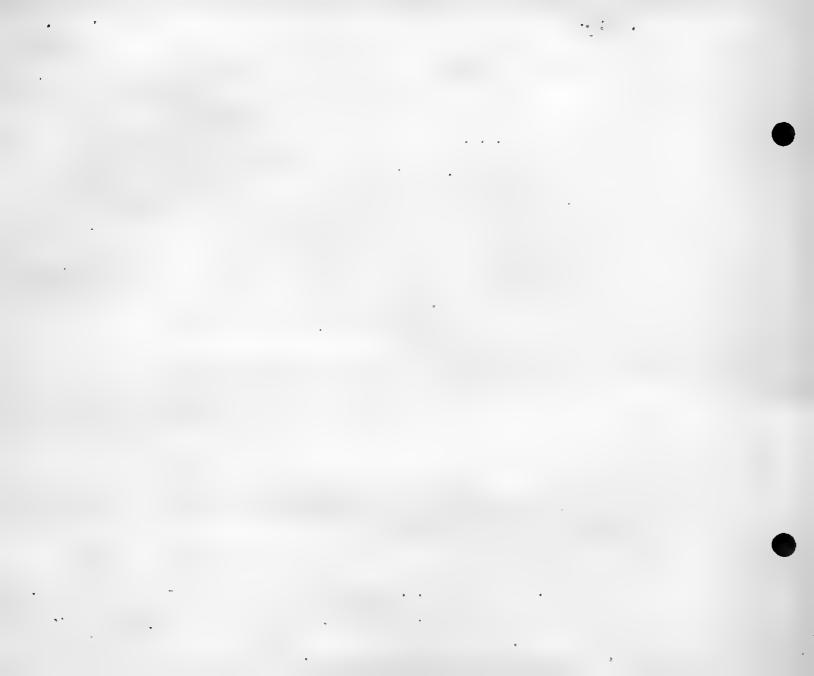


Ac-	1		523	DIVISION OF VI		301 W. PRESTON STR ERTIFICATE OF I		ORE, MARYLAND 1		950 9
Jeath.	and 2 r death.	1. D	ECEASED-NAME First Sype or print) Ethel	Elizabeth	Middle	Lost		a DATE OF DEATH Feb. Manth	17 Day 68	2b HOUR
of er	s after	1	Pemale	4. RACE White		s date of Bir		6. AGE (In last birth	years IF UNDER Iday) MONTHS 9 YRS.	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN
24 hours	apers R n 72 haur	cou	Penna.	7b. CITIZEN OF WHAT USA			RIED 9. C	Cecil		M
within fil	7.2]	ITY OR TOWN OF DEATH	give stre	et addrestinion	TITUTION (If not in hospital Hospotal	during most of	CCUPATION (Kind of w if warking life, even if ewite	fretired } INDU	KIND OF BUSINESS OR ISTRY Home
ecuted		adm	USUAL RESIDENCE (Where decease ssian) STATE Md.	13b COUNTY Ce	eil e	North East	YES NO	1.00 0111111111111111111111111111111111	re St.	
requires that the death certificate be executed g physician	en please remave aval, and in any ev			k Debold	Last		DEN NAME First		Middle	Last
rtificate	en plea aval, an	160	MO	rar or dates of service)	b social security in 206–12–48	40 Alfred J.	Sakers	3 N	OdesJethro orth <u>Eas</u> i	t. Md.
eath ce	ar rem			ly one cause per line D BY: ATE CAUSE (a)	for (a), (b), and (c).)	arrest			6	APPRÖXIMATE INTERVAL BETWEEN OMSET AND DEATH
it the d	burial, trematian, ar remaya		Conditions, if any, which gave to immediate cause (a) ((b) A	consequence of	recordial	infanct	li'm		
ires the ysicion	burial-tran		stating the underlying cause last	(c) P	CONSEQUENCE OF		170 Marcul			
w requiring physical	the bur	NO	PART 2. OTHER SIGNIFICANT CON							
The law r attendin	te Dept. of Health prior to be	CERTIFICATION		CONDITION FOR WHICH		YES 🗌	NO 🔀	CAUSES OF DEATH?		
SICIAN: spital a	ed far	MFDICAL C	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami-	HOUR A.M. P.M.	Manth Day Year 19					
G PHY	be detached State Dept. of	2	at work at work			ORY.) 21f LOCATION Street		City as Tawn	Count	•
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician of FUNFRAL DIRECTOR: After this retrificate has been staned by	uld be the Sta		22a. I certify that (I) (the sow the deceased a couses stoted above	is haspital) attend live on (1) (we)(did)(di	ded the decease - 17 d not) view the l	ody ofter death.	(our) opinion	n deoth occurred o	on the dote ond	, that (II) (we) la I hour ond from th
OR AT	e 3 shauld ed with the		22b SIGNATURE	Banne	, (PHYS.	G MED.	TOR STAFF PHYS.	22c DATE SIG	P-63-
O HOSPITAL OR Page 4 may be r	director, page 3 shauld be filed v		22d. PHYS CIAN'S WAME (Type) Jay S	6. Barnhar	t Jr.	22e. ADDR 4 Ma	uld i n Av	re No	rth East,	Md.
TO HO Page	direct		DULTRI	DATE -21-68	North I	EMETERY OR CREMATORY East Methodis		Bd. LOCATION (City or I North East		
3	VR A15 (4) OM REV. 1/68		rant Funeral H	Morre		Box 22 n East, Md.	PEB 2	Fir 1968 256	TO BULLETAN	and a





- 1		5 . MO:	DIVISION OF				NI OF HEAL ET. BALTIMOR	.TH RE, MARYLAND 2120)1 .	t.,	
		52525			CERTIFICA			,		125	11
		CEASED NAME First (pe or print) DAVID	CITT	Middle WART S	COTT	Lost	20.	DATE OF DEATH Month	Day 1	Year	2b HOUR
クト	3. SE		4. RACE	WALT D		DATE OF BIRTH	1	February 6 AGE (In years last birthday)	if JND	L968 DER I YEAR	D: 35A IF JNDER 24 HRS. HOURS MIN
	7 0	MALE	NEGF			2-10-94		74	YRS.	UA75	HURKS MIN
	caun	IRTHPLACE (State or foreign iry) MD	76. CITIZEN OF WH. U.S.A		MARRIED WIDOWED	NEVER MARRIE DIVORCEI	ا اسان	UNTY OF DEATH Cecil			N
. 3		TY OR TOWN OF DEATH Perryville	give st	ME OF HOSPITAL OR INS reet address) AH., Perr	y Point	in haspital , M d .	120. USUAL OCC during most of IS LE Vac	UPATION (Kind of work d working life, even if retire IP Mech.	ane 12b ed.) INI	KIND OF E	BUSINESS OR
7 0	30. admis	ISUAL RESIDENCE (Where deceases sign) STATE District Colum	lived, if institution	on: Residence before	13c CITY OR T	DWN 13d.	ES NO NO	13e STREET AND NUMBER		ve N	W
. ar	14. F/	THER S NAME First HUGH	Middle	Last SCOTT	15.	MOTHER'S MAIDI	EN NAME First JOHNSON	Midd	le		Last
ł	16a Yı	WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY		ORMANT		Addre			
ŀ	-	Yes WW	I	579-12-94		Hospit	al Rec	rds, Perry I	oint,	APPROXIM	NATE INTERVAL
		 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT 	ane cause per line BY: E CAUSE (a)	for (a), (b), and (c). \mathbf{Br} onch		ia					15 day
		1900	3 7	A CONSEQUENCE OF	2 2 P T S					6 31-	
	- 1	Canditions, if any, which gave a rise to immediate cause (a), a stating the underlying cause	(b)	Carcinom A CONSEQUENCE OF	a or m	ver				6 Mor	ntns
		last.	(c)								
		PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUT</u>	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PART 1(a)			
	CERTIFICATION	190. DATE OF OPERATION 195. CI	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY	/? NO 🔲	20b. IF YES, WERE FINDING CAUSES OF DEATH?	ngs conside Yes	RED IN CE	RTIFYING
ı	ਤ	21 a. ACCIDENT WAS UNDERLYING or contributing (1) cause of DEATH (If either, natify medical examine	HOUR A.M.	INJURY Manth Day Yeor		/ INJURY OCCUR	RED (Enter natu	re af injury in Part 1 ar Pa		8.)	
1	Ř		LACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		ATION Street a	ır R.F.D. No.	City or Town	Cou	inty	State
١		22a. I certify that (%) (this save the cherease train causes stated above,	VEXITYXXXXX	KXXXXXXXX	9xxx and	that in (my)	, 1%8, (aur) apınian	, ta <u>Peb 25</u> death accurred an th	, 19 <u>68</u> ie date an	_ , Xhax nd haur ((1)×(we)×1 and fram t
١		22b. SIGNATURE	roin	9O,	DEGREI	ATTENDING PHYS	MED DIRECTO	OR STAFF	22c. DATE \$	25 6	8
		22d. PHYSICIAN'S O NAME (Type) T.	J. MERI	MEE, M.D.		22e. ADDRES	VA Ho		ry Po	int,	Mâ.
	23a	BURIAL, CREMATION, 23b. DR REMOVAL (Specify)	TE - 0 0-1	- 0	CEMETERY OR C			LOCATION (City of Town)		unty)	(State)
10	24.	REMOVAL (Specify) TOLEPHAT UNERAL DIRECTOR	Phil	in 4. APDRESS	LIMORE		Sa. RECD BY REG	ISTRAR 2Sh REGISTI	BARS SIGNA	FORE	an.
		BARNES & MATTHE	WS 3619	14th St N	W Wash.	D.C. D	ATEPED 4	8 1968 /	-CONCR	7 /	The same of



OCEASED NAME First Models STAPLEY 2c. DATE OF DEATH	Τ	126 D Items 5 & 6 Film	IVISION OF VITAL PECOPOS 3	STATE DEPARTMENT OF HI OI W. PRESTON STREET, BALTIN		
Compared to the continuence of	L					
Male White S-4-98 1891 Spit paintage Start						21 Year 68 25 HOUR
To control To	3.				lest historias)	
North Carolina USA WIOWED DNORED DNORED Cecil No. North Carolina USA WIOWED DNORED DNORED DNORED USA INCLUDATION (India work done 126 KND OF BUSIN No. N	70				7 / / 7 / 10	
It can be considered to the control of the contro	co	untry)		MAKKIED AT BEACK MINKKIED		,
SUBJECT SubJ		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTI	TUTION (If not in hospitol 120. USUAL during mo	OCCUPATION (Kind of work done of working life, even if refired)	126 KIND OF BUSINESS OR INDUSTRY
Robert Stanley Elmira Graybea. 10a. WAS DECESSED FOR IN US. ARMED FORCES? Yes no unknown) 10 the properties of the provided annual 214-16-3121 VA Hospital, Perry Point, Md. 12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) VA Hospital, Perry Point, Md. 12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) VA Hospital, Perry Point, Md. 12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) VA Hospital, Perry Point, Md. 12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) VA Hospital, Perry Point, Md. 12. CONDITIONS (a) OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CAUSE (c). 12. CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CAUSE (c). 12. CAUSE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 12. CAUSE OF OPERATION 19b. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPS?? 12. CAUSE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 12. CAUSE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 12. CAUSE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19c of INJURY (A' HOME FARM STREET INTORY) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 12. CAUSE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19c of INJURY (A' HOME FARM STREET INTORY) 21c. LOCATION Street or R.E.D. No. (By or Town County OPERATION 19c of Injury (A' HOME FARM STREET INTORY) 21c. LOCATION Street or R.E.D. No. (By or Town County OPERATION 19c of Injury (A' HOME FARM STREET INTORY) 21c. LOCATION Street or R.E.D. No. (By or Town County OPERATION 19c of Injury (A' HOME FARM STREET INTORY) 21c. LOCATION Street or R.E.D. No. (By or Town County OPERATION 19c of Injury (A' HOME FARM STREET INTORY) 21c. LOCATION Street or R.E.D. No. (By or Town County OPERATION 19c of Injury	13d ad	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before 13b. COUNTY Harford	3c. CITY OR TOWN 13d INSIDE CITY LIM	ITS? 13e STREET AND NUMBER	115
16a, WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO 214-16-3121 VA Hospital, Perry Point, Md. 215-164 216-26	14					Last
The state of the s	<i>I</i>			J		Graybeal
BETWEEN OWER AND COUNTY PART 1. DEATH WAS CAUSED BY	16	Yes no or unknown) (II yes ave war e	4		***************************************	
Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). Stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions contributions contributions to death but not related to the terminal disease or condition given in part i(a) 19a, Date of operation 19b. Condition for which operation was performed 20o. AUTOPSY? 20b. If yes, were findings considered in Certify (CAUSES OF DEATH?) CAUSES OF DEATH? CAUSES OF DEATH? YES NO CAUSES OF DEATH? NO CAUSES OF DEATH? NO COUNTY P.M. Month Doy Yeor P.M. Month Doy Yeo		1B. CAUSE OF DEATH (Enter only o	ane cause per line far (a), (b), and (c).	0 1 1 00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO CAUSES OF DEATH? YES NO PART 2 CONSEQUENCE OF DEATH OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OF PART 10 NO PART 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OF Year 19. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OF YEAR M. Month Day Year 19. 21b. TURNEY OCCURRED 21c. PLACE OF INJURY OF YEAR M. STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While of twork with the part 2 courses stated above (1) (we) (did) (did nat) view the bady after death. 22c. I certify that (N) (this haspital) attended the deceased from Jati 10c. 19. STAFF 22c. DATE SIGNED 22d PHYSICIANS NAME (Type) S. GOLDGRADEN M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE ADDRESS VA HOSPITARE SIGNATURE DE GRACE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (Type) S. REDSTRARS SIGNATURE DEGREE M.D. 22d PHYSICIANS NAME (TYPE) S. REDSTRARS SIGNATUR				or purmonan		44
Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		Conditions, if any, which cove)	DUE TO, OR AS A CONSEQUENCE OF	Pulmman Emply.	Sma	104
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY CAUSES OF DEATH?	1	rise to immediate cause (a), (20074, 49 - 79 7		1.
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR COMPREDUING CAUSES OF DEATH? 210. NO COURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) 2110. NOURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) 2121. TIME OF INJURY (AT HOME FARM. STREET FACTORY.) 2131. NOUNTY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Injury in Port 1 or Part 2, Item IB.) 2121. NOUNTY OCCURRED (Injury in Port 1 or Part 2, Item IB.) 2122. Not with a county in Port 1 or Part 2, Item IB.) 2232. Not with a county in Port 1 or Part 2, Item IB.) 2233. REPORT OF CEMETERY OF CREMETERY O	1		(c)			
OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Doy Yeor 19 21d NULLY OCCURRED While Office Building, EEC Office Building, E		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I(a)	•
County medical examiner HOUR A M. Month Doy Yeor 19 21d. Not while 21d. PLACE OF INJURY (AT HOME FARM, SREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County C	200	10- DATE OF OPERATION 110h COL	POSTION FOR WHICH OPERATION WAS DEDE	ODMED 20° AUTODOX	TOOL IE VES WEDS SINDINGS OF	ONCINEDED IN CERTIFYING
OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Doy Year 19 21d. NOT White Not while at work at work 22a. I certify that (M. (this haspital) attended the deceased from 21d. Degree 22a. I certify that (M. (this haspital) attended the deceased from 21d. 21d. Degree 22a. I certify that (M. (this haspital) attended the deceased from 21d. 21d. Degree 22a. I certify that (M. (this haspital) attended the deceased from 21d. 21d. Degree 21d. 19 60 21d. 19		170. COI	BUTTOR TOK WITHER OPERATION WAS PERF			DISIDERED IN CERTIFYING
White of work of work 22a. I certify that (N) (this haspital) attended the deceased from Jan. 27., 19.68, to Feb. 21., 19.68 About the source of the date and hour and causes stated above (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE PHYS 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) S. GOLDCRAPEN M.D. VA Hospital, Perry Point, Md. 23d. LOCATION (City or Town) (County) (SIREMOVAL (Specify) Angel Hill Address Address DEGREE PHYSICIAN'S VA Hospital, Perry Point, Md. 23d. LOCATION (City or Town) (County) (SIREMOVAL (Specify) Angel Hill PAYER DEGREES Md.					nature of injury in Port 1 or Part 2, I	item IB.)
While at work at while at work 22a. I certify that (N) (this haspital) attended the deceased from Jan. 27., 19.68, to Feb. 21., 19.68 About the xoxxx the research of the date and hour and causes stated above (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR STAFF 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS VA Hospital, Perry Point, Md. 23d. BURIA (REMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Street of the percentage of the percenta	Side	OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner)	P.M. 19			
**XOSX TAX NOTICE Courted on the date and hour and causes stated above (1) (wd) (did) (did nat) view the bady after death. 22b SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS 2 21 68	2	While Nat while at work			.,	
DEGREE PHYS DEGREE PHYS DIRECTOR STAFF 2 21 68 22d PHYSICIAN'S NAME (Type) S. GOLDGRABEN M.D. VA HOSPITAL, Perry Point, Md. 23d BURIA (REMATION, REMOVAL (Specify) 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (SI Havre De Grace Md. ADJRESS 2 200. RECO. BY DIGISTRAR S SIGNATURE 1 250. REGISTRAR S		OKONOK TRI PKI TRI PKI PKI PKI PKI PKI PKI PKI PKI PKI PK	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX and that in (my) (our) opin	ion death accurred on the da	te and hour and fram t
22d PHYSICIAN'S NAME (Type) S. GOLDGRABEN M.D. 22e ADDRESS VA Hospital, Perry Point, Md. 23d BURIA (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) (County) (SPECIFICAL COUNTY) 24 FUNERAL DIRECTOR 250. BECD BY BIGISTRAY 968256. REGISTRAY SIGNATURE		22b. SIGNATURE	relfile		D. STAFF	
230 BURIA CREMATION, REMOVAL (Specify) 231 DATE 232 NAME OF CEMETERY OR CREMATORY 233 LOCATION (City or Town) (County) (SI Havre De Grace, Md. 24 FUNERAL DIRECTOR ADDRESS 250. PEGD BY EGISTRAR S SIGNATURE 250. PEGD BY E			LDGRABEN M.D.	22e ADDRESS		t, Md.
24 FUNERAL DIRECTOR ADDRESS AD	23		E 23c. NAME OF CE		, ,	, ,,
		_ 1	ABVIOLDED ADDRESS			



MAKTLANU STATE DEPAKTMENT OF HEALTH



or works East and

for Funerals, Elkton, 11d. DATE FFB 14

VR A15 (4) ______ 30M REV. 1/68-2

Lome

North East Meth. Cemetery, North East,

2So REC'D BY REGISTRAR

25b. REGISTRAR S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02515 CERTIFICATE OF DEATH 2b. HOUR m DECEASED NAME First M.ddie Lost 2n DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month Day HARRY TAHSTIN TAUSTEIN a 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years MONTHS I DAYS last birthday) Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖅 NEVER MARRIED 🥅 country) 10 M WIDOWED [DIVORCED [Cecil Austria USA filled 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even it retired. the attending physician and completely, sit permit. Then please remove corbat Veterans Perry Point Administration 130 JSUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 138 INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY YES NO [Baltimore 3815 Hayward Avenue cremation, or removal, and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Last Lost TAUSTIN ISAAC XXXXXXXXX THINK FANVIE 16b SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 057-20-7688 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if only, which gave) Chronic brain syndrome use to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s se as the b th prior to b Poge 4 moy be retained by the haspital or attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO IX this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov <u>_</u> (If either, notify medical examiner) P.M. director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State White Nat while at work O FUNERAL DIRECTOR: After 22g. I certify that XIX (this haspital) attended the deceased from Dec. 22_, 1965, to Feb. 19. 19. 68. Attended the deceased from Dec. saw the deseased on the date and haur and from the causes stated above, (1) (we) (aid nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS 2-19-68 DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) S. GOLDGRABEN. M.D. VA Hospital, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (State) (County) BUSTAL (Specify) MARYLAND 2-21-68 BALTIMORE NATIONAL BALTIMORE. ReistertownADRESS., Balto., Md. 25d. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Thanks DATEFR 30M REV. 1/68 Sol Levinson & Bros. Funeral Home, 6010



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 16b Film G398 2/28/68 kk . 7516 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26. HOUR death. death and (Type or print) FREDERICK WALLETT WILLIAM affer S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR iost birthdoy) 10-10-98 Male White 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED and completely filled if attending physician and completely micu in nermit. Then please remave carbon papers DIVORCED [Cecil North Carolina USA WIDOWED | 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done burial, crematian, ar remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 126, KIND OF BUSINESS OR requires that the death certificate be executed within during most of working ife, even if retired)
Storekeeper veterans INDUSTRY Perry Point Administration 130 USDAL RESIDENCE (Where deceased lived, if Institution: Residence before 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Harford odmission) STATE Maryland Grace Havre de NO F 805 Revolution Street 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Middle Lost William W. Wallett Florence Dillon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown)
Yes VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o) Bronchopneumonia, bilateral w/chronic pleuritis DUE TO, OR AS A CONSEQUENCE OF (b) Coronary artery sclerosis, severe signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse () Arteriosclerosis, generalized PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attenling Chronic brain syndrome probably due to cerebral arteriosclerosis O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the d far use as the af Health prior ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES-NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No State City or Town County 22a. I certify that (1) (this haspital) attended the deceased from June 8 , 19 67, to Feb. 13 , 19 68 XIKOKNIK MARINE causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR M. D. DEGREE 2-14-68 PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS A. L. MOONEY, M. D NAME (Type) director, VA Hospital, Perry Point. 23o. (BURIAL) CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Sould The 250. RECD BY REGISTRAR FEB 16 FUNERAL DIRECTOR REGISTRAR S SIGNATURE Funeral Home, Havre de Grace, Md PATE



89

29 Feb 4

•

	.2532	DIVISION OF VITAL RECOR	CERTIFICATE OF DEATH		* E 4 .2
~ **	1. DECEASED NAME	First M.ddle	Lost	20. DATE OF DEATH	: 2513
equires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages Pand burial, crematian, ar remaval, and in any event, within 72 haurs after death	(Type or print) Ma	tilda T. Wigren	1021	Month Doy	^{Уеог} 1968 12: 65 ^М
ق راقت ال	3. SEX	4 RACE	S. DATE OF BIRTH		F UNDER 1 YEAR F UNDER 24 HRS
s af the age rs af	Female	White	March 22, 1	6. AGE (In years last birthday) 72 YRS.	MONTHS DAYS HOURS MIN
by day	70 BIRTHPLACE (State or foreig	n 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 haurs aff ed in by the ppers. Pages	country) Finland	USA	WIDOWED DIVORCED	Cecil	Md.
fille Fille Fille	10, CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL (give street oddress)	OR INSTITUTION (If nat in haspital 12a US	UAL OCCUPATION (Kind of work dane most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
with tely ban will	Elkton	Uni	on Hospital	Housewife	Home
pled car	13a. uSJAL RESIDENCE (Where odmission) STATMaryla	deceosed lived, if institution. Residence be			
com com gave y ev				NO X R.D. 2	
ex e	14. FATHER'S NAME First	Middle Lo			Last
a be no	Erik Tou		Anna Tor		
artificate be execute physician and compen please remave aval, and in any eve	160. WAS DECEASED EVER IN U. Yes, 10. ar unknown) (ify		RITYNO. 17. INFORMANT 0927 D Arne E. Tarkk	Address F	R.D. 2
phy ava				.g Nort	APPROXIMATE INTERVAL
rem in the	18. CAUSE OF DEATH (En	iter only one couse per line for (o) (b), an	d (c).)		BETWEEN ONSET AND GEATH
dea rent rmit , ar	۱۸ ر	AMEDIATE CAUSE (o)	Brognistic 30	ile brain disca	<u> </u>
the all	Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	OF •		
rat V. th Insiff	rise to immediate couse	(o) ((b)	Just backs		
d by	stoting the underlying c	OUSE (c)	or •		
luire hys. igne uria	PART 2. OTHER SIGNIFICAL		UT NOT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and completely fillesse as the burial-transit permit. Then please remave carban post hariat ta burial, crematian, ar remaval, and in any event, within the contraction of t	794 VII.	mia		(- /	
PHYSICIAN: The law re to haspital ar attending his certificate has been estached far use as the Dept. af Health priar ta	19a. DATE OF OPERATION 21o ACCIDENT WAS UND	19b. CONDITION FOR WHICH OPERATION W.		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
e ho	210 ACCIDENT WAS UND	CDIVING LOSS THE OF HURBY	YES NO		
IAN Year Y		OF DEATH HOUR A.M. Month Dov	Yeor	ter nature of injury in Port 1 or Part 2, I	tem (8.)
SIC spit sertij red t. af	Tor contributing Cause (If either, natify medical a 21d injury occurred	Examiner) P.M.	19 SACTORY 1 214 LOCATION CANADA DE D. A.	I- 63 T	County State
	While Not while of wark	OFFICE BUILDING ETC	ET, FACTORY.) 21f. LOCATION Street or R.F.D. N	la. City or Town	County State
ATTENDING etained by th CTOR: After th shauld be de) (this hospital) attended the dec	eosed from JULY 19	4.3 to 12 19	67 that (I) (we) last
NDI ed b	saw the deceas	ed alive an FEB. 2	eosed from JULY , 19 19 68, and that in (my) (our) o	pinion death accurred on the da	te and hour and from the
ATTENI stained CTOR: A shauld ith the	223 SIGNATURE	bave, (I) (we) (did) d d nor view	th body after death.		ATTE CICATE
OR ATTENI be retained SIRECTOR: A e 3 shauld ed with the	22BENGWATURE	Bank	DEGREE PHYS.		DATE SIGNED
	22d AYSICI VS	· p			
PITA MB FRAI F P P P P P P P P P P P P P P P P P P P		y S. Barnhart Jr.	1 140	4 Mauldin Ave.	
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230 BJRIAL CREMATION,	23b. DATE 23c. NAM	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 4 W	REMOVAL (Specify) Burial	2-8-68 Nort	h East Methodist		
VR A15 [4]	24. FUNERAL DIRECTOR	Collowing ADD	RESS 250. REC'D	BY REGISTRAR 256. REGISTRARS	SIGNATURE CO.
30M REV 1/68	Grant Funeral	. Home N	orth East, Md. DATEFE	B 9 1968	0



A Page					.0			
	7 3					100		
			0 14 1 -			- 4		
	1 5 A					A	Grandest .	111
	Ţ			Minimal and	and Alley			
	. 1			Frank N			, fr	
j.	•					* N		
e					+ 1 - 1	- 5		EAF
and the Co				casteria :				
	2 1 2 2 2							
	-135 36 45			0.7				
				ę	15.4			
		ŵ.		,				
	1							
	4.00							
7				4	6-2-24	+ 11	1.0	
•		(11)	0.		,	1020	3	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN TO Month (Type or Print) OF ESTI-Marion 26 ann 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 2c DATE PRONOUNCED DEAD 2d. HOUR 11-22-23 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED [Office olong with for 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Union Hospital during most of working life, even if retired.) INDUSTRY give street oddress) 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY, OR TOWN odmission) STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? death. E) Kton MechaniesValler YES NO IN offer lond 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME. the Chief Medical Examiner's Poges pencil APPROXIMATE INTERVAL within be executed B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF 50 mins burial-transit rushed Conditions, if ony, which gove rise to immediate couse (a), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IL pleose execute the certificate. 4 should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING Tell from machine which ran over him CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or Town County Stote may be retained for your FUNERAL DIRECTOR: Poge WHILE NOT WHILE THE AT WORK Elk Neck North East 220. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry ond in my opinion Notural couses . Accident . Suicide . Undetermined monner death resulted from: Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL CREMATION 23d. LOCATION (City or Town) 23b. DATE REMOVAL (Specify) 2So. REC'D BY REGISTRAR VR A15ME (5)

MAKTLANU STATE DEPAKIMENT OF HEALTH

